



CLIENT REGISTRATION FORM
KNOW YOUR CLIENT FORM

MARWADI
FINANCIAL SERVICES

NSDL CDSL
**NON INDIVIDUAL
DEMAT ACCOUNT**



KYC

**KNOW YOUR CLIENT
NON INDIVIDUAL**

Client Name: _____

Payment Receipt No.: _____ Entry Ref. No.: _____

Trading Code: _____ Gr. Code: _____

NSDL: IN300974

--	--	--	--	--	--	--	--	--	--

CDSL: 12035100

--	--	--	--	--	--	--	--	--	--

A. Clarification / Guidelines on filling 'Entity Details' section

1. Entity Constitution Type

A – Sole Partnership

B – Partnership Firm

C – HUF

D – Private Limited Company

E – Public Limited Company

F – Society

G – Association of Persons (AOP)/Body of Individuals (BOI) N – Section 8 Companies (Companies Act, 2013)

H – Trust

I – Liquidator

J – Limited Liability Partnership

K – Artificial Liability Partnership

L – Public Sector Banks

M – Central/State Government Department or Agency S – Foreign Portfolio Investors

O – Artificial Juridical Person

P – International Organisation or

Agency/Foreign Embassy or Consular Office, etc.

Q – Not Categorized

R – Others

2. In case of companies and partnerships, PAN of the entity is mandatory. In case of other entities, Form 60 may be obtained if PAN is not available.

3. One of the following is mandatory: Mother's name, Spouse's name, Father's name.

B. Clarification / Guidelines on filling 'Proof of Identity [POI]' section

A. Activity Proof – 1 and Activity Proof – 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.

B. Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.

C. Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.

D. 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.

E. 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.

F. KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

C. Clarification/Guidelines for filling Proof of Address [PoA] section

A. State/U.T Code and Pin/Post Code will not be mandatory for overseas addresses.

B. Certified copy of document or equivalent e-document to be submitted.

D. Clarification/Guidelines for filling 'Related Person Details' section

A. Please mention two-digit 'country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).

B. Do not add '0' in the beginning of Mobile number.

E. Clarification/Guidelines for filling 'Related Person Details' section

1. Personal Details

▪ The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.

2. Proof of Address [PoA]

▪ PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.

▪ State/U.T Code and Pin/Post Code will not be mandatory for Overseas addresses.

▪ In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR

▪ REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.

C. If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related' are required.

D. Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

F. Provision for capturing signature of multiple authorised persons is to be made by the RE.**G. List of people authorized to attest the documents after verification with the originals:**

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.
6. Government authorised officials who are empowered to issue Apostille Certificates.

General instructions:

1. Self-Certification of documents is mandatory.
2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [F].
3. If any proof of identity or address is in a foreign language, then translation into English is required duly attested by the official as indicated above
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If current & permanent addresses are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport / PIO Card /OCI and overseas address proof is mandatory.
8. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
9. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board / Passport of Minor / Birth Certificate must be provided.

To,
Marwadi Shares and Finance Limited
'Marwadi Financial Plaza' Nana Mava Main
Road, Of. 150 Feet Ring Road, Rajkot-360001.

KYC | Mandatory

KNOW YOUR CLIENT (KYC)
APPLICATION Form (For Other than Individuals)

Central KYC Registry | Know Your Customer (KYC) Application Form | Legal Entity/Other than Individuals

Important Instructions:

- A. Fields marked with '*' are mandatory fields.
- B. Tick '✓' wherever applicable.
- C. Please fill the date in DD-MM-YYYY format.
- D. Please fill the form in English and in BLOCK letters.
- E. KYC number of applicant is mandatory for update application.
- F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G. List of two-character ISO 3166 country codes is available at the end.
- H. Please read section wise detailed guidelines/instructions at the end.
- I. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only Application Type* New Update
(To be filled by financial institution) KYC Number (Mandatory for KYC update request)

1. Entity Details* (Please refer instruction A at the end)

Name*

Entity Constitution Type* Others (Specify) (Please refer instruction B at the end)

Date of Incorporation/Formation* DD - MM - YY YY Date of Commencement of Business DD - MM - YY YY

Place of Incorporation/Formation* Country of Incorporation/Formation* TIN or Equivalent Issuing Country

PAN* Form 60 furnished

TIN/GST Registration Number

2. PROOF OF IDENTITY (POI)* (Please refer instruction B at the end)

Officially valid document(s) in respect of person authorised to transact

Certificate of Incorporation/Formation Registration Certificate Regn Certificate No.

Memorandum and Articles of Association Partnership Deed Trust Deed

Resolution of Board/Managing Committee Power of Attorney granted to its manager, officers or employees to transact on its behalf

Activity proof – 1 (For Sole Proprietorship Only) Activity proof – 2 (For Sole Proprietorship Only)

3. ADDRESS (Please see instruction C at the end)

3.1 Registered Office Address/Place of Business*

Proof of Address* Certificate of Incorporation/Formation Registration Certificate Other Document

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* SO 3166 Country Code*

3.2 Local Address in India (If different from above)*

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* SO 3166 Country Code*

4. Contact Details (All communications will be sent to Mobile number/Email-ID provided may be used) (Please refer instruction D at the end)

Tel. (Off) - Fax -

Mobile - Email ID

Mobile - Email ID

5. Number of Related Persons (Please fill Annexure A-2 for each related persons & also refer instruction E at the end)

Annexure A2 | Legal Entity | Other than Individuals
Central KYC Registry | Know Your Customer (KYC) Application Form | Related Person



- A. Fields marked with '*' are mandatory fields.
- B. Tick '✓' wherever applicable.
- C. Please fill the date in DD-MM-YY format.
- D. Please fill the form in English and in BLOCK letters.
- E. KYC number of applicant is mandatory for update application.
- F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G. List of two-character ISO 3166 country codes is available at the end.
- H. Please read section wise detailed guidelines/instructions at the end.
- I. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only

Application Type* New Update Delete

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update and delete request)

1. Details of Related Person* (Please refer instruction E at the end)

- Addition of Related Person
- Deletion of Related Person
- Update Related Person Details

KYC Number of Related Person (if available*) (If KYC number is available, only 'Related Person Type' & 'Name' is mandatory)

- Related Person Type*** Director Promoter Karta Trustee Partner Court Appointment Official Proprietor
 Beneficiary Authorised Signatory Beneficial Owner Power of Attorney Holder Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

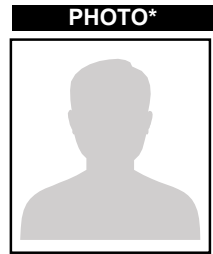
1.1 Personal Details (Please refer instruction E at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YY <input type="text"/> YY			
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
Nationality*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> <input type="text"/>)		
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 furnished		

1.2 Proof of Identity and Address* (Please refer instruction E at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A-Passport Number
- B-Voter ID Card
- C-Driving Licence Driving Licence Expiry Date DD - MM - YY YY
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar
- II E-KYC Authentication
- III Offline verification of Aadhaar



Address

Line 1*

Line 2

Line 3

District* Pin/Post Code* State/U.T Code* City/Town/Village* ISO 3166 Country Code*

1.3 Current Address Details (Please refer instruction E at the end)

- Same as above mentioned address (In such cases address details as below need not be provided)
- I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)
 - A-Passport Number
 - B-Voter ID Card
 - C-Driving Licence
 - D-NREGA Job Card
 - E-National Population Register Letter
 - F-Proof of Possession of Aadhaar
- II E-KYC Authentication
- III Offline verification of Aadhaar
- IV Deemed PoA
- V Self-Declaration

Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* SO 3166 Country Code*

1.4 Contact Details (All communications will be sent on provided Mobile no. / Email-ID provided) (Please refer instruction **D** at the end)

Tel. (Off) - Tel. (Res) - Mobile -

Email ID

2. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/ email address.

[Signature/Thumb Impression]

Date: - -

Place:

Signature/Thumb Impression of Applicant

3. Attestation / For Office Use only

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification

Digital KYC Process Equivalent e-document

KYC documents verification carried out by

Date: - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Institution details

Name **M A R W A D I S H A R E S F I N A N C E L T D**

Code **I N 1 8 5 8**

[Employee Signature]



To, Marwadi Shares and Finance Limited 'Marwadi Financial Plaza' Nana Mava Main Road, Of. 150 Feet Ring Road, Rajkot-360001.

Annexure A2 | Legal Entity | Other than Individuals
Central KYC Registry | Know Your Customer (KYC) Application Form | Related Person



- A. Fields marked with '*' are mandatory fields.
- B. Tick '✓' wherever applicable.
- C. Please fill the date in DD-MM-YY format.
- D. Please fill the form in English and in BLOCK letters.
- E. KYC number of applicant is mandatory for update application.
- F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G. List of two-character ISO 3166 country codes is available at the end.
- H. Please read section wise detailed guidelines/instructions at the end.
- I. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only

Application Type* New Update Delete

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update and delete request)

1. Details of Related Person* (Please refer instruction E at the end)

- Addition of Related Person
- Deletion of Related Person
- Update Related Person Details

KYC Number of Related Person (if available*) (If KYC number is available, only 'Related Person Type' & 'Name' is mandatory)

- Related Person Type*** Director Promoter Karta Trustee Partner Court Appointment Official Proprietor
 Beneficiary Authorised Signatory Beneficial Owner Power of Attorney Holder Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

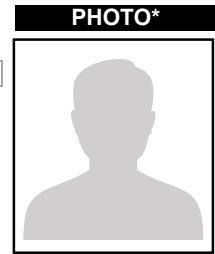
1.1 Personal Details (Please refer instruction E at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YY <input type="text"/> YY			
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
Nationality*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> <input type="text"/>)		
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 furnished		

1.2 Proof of Identity and Address* (Please refer instruction E at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A-Passport Number
- B-Voter ID Card
- C-Driving Licence Driving Licence Expiry Date DD - MM - YY YY
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar
- II E-KYC Authentication
- III Offline verification of Aadhaar



Address

Line 1*

Line 2

Line 3

District* Pin/Post Code* State/U.T Code* City/Town/Village* ISO 3166 Country Code*

1.3 Current Address Details (Please refer instruction E at the end)

- Same as above mentioned address (In such cases address details as below need not be provided)
- I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)
 - A-Passport Number
 - B-Voter ID Card
 - C-Driving Licence
 - D-NREGA Job Card
 - E-National Population Register Letter
 - F-Proof of Possession of Aadhaar
- II E-KYC Authentication
- III Offline verification of Aadhaar
- IV Deemed PoA
- V Self-Declaration

Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* SO 3166 Country Code*

1.4 Contact Details (All communications will be sent on provided Mobile no. / Email-ID provided) (Please refer instruction D at the end)

Tel. (Off) - Tel. (Res) - Mobile -

Email ID

2. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/ email address.

[Signature/Thumb Impression]

Date: - - Place:

Signature/Thumb Impression of Applicant

3. Attestation / For Office Use only

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification

Digital KYC Process Equivalent e-document

KYC documents verification carried out by

Date: - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Institution details

Name

Code

[Employee Signature]



To, Marwadi Shares and Finance Limited 'Marwadi Financial Plaza' Nana Mava Main Road, Of. 150 Feet Ring Road, Rajkot-360001.

Annexure A2 | Legal Entity | Other than Individuals
Central KYC Registry | Know Your Customer (KYC) Application Form | Related Person

- A. Fields marked with '*' are mandatory fields.
- B. Tick '✓' wherever applicable.
- C. Please fill the date in DD-MM-YY format.
- D. Please fill the form in English and in BLOCK letters.
- E. KYC number of applicant is mandatory for update application.

- F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G. List of two-character ISO 3166 country codes is available at the end.
- H. Please read section wise detailed guidelines/instructions at the end.
- I. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only

Application Type* New Update Delete

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update and delete request)

1. Details of Related Person* (Please refer instruction E at the end)

- Addition of Related Person
- Deletion of Related Person
- Update Related Person Details

KYC Number of Related Person (if available*) (If KYC number is available, only 'Related Person Type' & 'Name' is mandatory)

- Related Person Type*** Director Promoter Karta Trustee Partner Court Appointment Official Proprietor
 Beneficiary Authorised Signatory Beneficial Owner Power of Attorney Holder Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

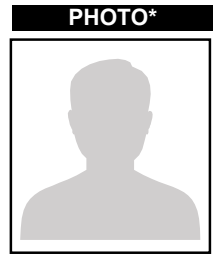
1.1 Personal Details (Please refer instruction E at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YY <input type="text"/> YY			
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
Nationality*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> <input type="text"/>)		
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 furnished		

1.2 Proof of Identity and Address* (Please refer instruction E at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A-Passport Number
- B-Voter ID Card
- C-Driving Licence Driving Licence Expiry Date DD - MM - YY YY
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar
- II E-KYC Authentication
- III Offline verification of Aadhaar



Address

Line 1*

Line 2

Line 3

District* Pin/Post Code* State/U.T Code* City/Town/Village* ISO 3166 Country Code*

1.3 Current Address Details (Please refer instruction E at the end)

- Same as above mentioned address (In such cases address details as below need not be provided)
- I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)
 - A-Passport Number
 - B-Voter ID Card
 - C-Driving Licence
 - D-NREGA Job Card
 - E-National Population Register Letter
 - F-Proof of Possession of Aadhaar
- II E-KYC Authentication
- III Offline verification of Aadhaar
- IV Deemed PoA
- V Self-Declaration

Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* SO 3166 Country Code*

1.4 Contact Details (All communications will be sent on provided Mobile no. / Email-ID provided) (Please refer instruction D at the end)

Tel. (Off) - Tel. (Res) - Mobile -

Email ID

2. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/ email address.

[Signature/Thumb Impression]

Date: - -

Place:

Signature/Thumb Impression of Applicant

3. Attestation / For Office Use only

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification

Digital KYC Process Equivalent e-document

KYC documents verification carried out by

Date: - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Institution details

Name **M A R W A D I S H A R E S F I N A N C E L T D**

Code **I N 1 8 5 8**

[Employee Signature]



To, Marwadi Shares and Finance Limited "Marwadi Financial Plaza"
Nana Mava Main Road, Off. 150 Feet Ring road Rajkot- 360 001.

ACCOUNT OPENING FORM	<input type="checkbox"/>	NSDL	<input type="checkbox"/>	CDSL
For Non-individuals	DP ID: - NSDL – IN300974, CDSL – 12035100			

(To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y											
DP Internal Reference No.																					
DP ID											Client ID										

(To be filled by the applicant in BLOCK LETTERS in English) (Please fill all the details in CAPITAL LETTERS only)
I/We request you to open a demat account in my/ our name as per following details:-

Status	Sub – Status
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FII <input type="checkbox"/> FI <input type="checkbox"/> CM <input type="checkbox"/> HUF <input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> LLP <input type="checkbox"/> Rag Co-operative Society Ltd. <input type="checkbox"/> Escrow Demat Account <input type="checkbox"/> Clearing House <input type="checkbox"/> Other (Specify) _____	To be filled by the DP

Type of Account Open													
Full Name :-													
Registered Office Full Address :-													
City:-				State				Pin code					
Type of Pan Card Number :-													
	Register Mobile No, Email ID, Telephone No, Fax No. Details										SMS Facility		
Mobile Number :-													<input type="checkbox"/> Yes <input type="checkbox"/> No
Email ID :-											<input type="checkbox"/> Yes <input type="checkbox"/> No		
Telephone Number:-													
Fax Number:-													
Correspondence Full Address :-													
City:-				State				Pin code					
	Register Mobile No, Email ID, Telephone No, Fax No. Details										SMS Facility		
Mobile Number :-													<input type="checkbox"/> Yes <input type="checkbox"/> No
Email ID :-											<input type="checkbox"/> Yes <input type="checkbox"/> No		
Telephone Number:-													
Fax Number:-													

1)

2)

3)

To, Marwadi Shares and Finance Limited "Marwadi Financial Plaza"
Nana Mava Main Road, Off. 150 Feet Ring road Rajkot- 360 001.

Please attach recent pass port size photograph in the space below.

	First / Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Designation			
Signature Stamp			
Passport Size Photograph	Please Sign across The Photograph With Stamp	Please Sign across The Photograph With Stamp	Please Sign across The Photograph With Stamp

- Signatures preferably in black ink

Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We also declare that the particulars given by us are true to the best of our knowledge as on the date of making such application. We further agree that any false / misleading information given by us or suppression of any material fact will render our account liable for termination and further action.

Authorised Signatories (Enclose a Board Resolution for Authorised Signatures)

	Name(s) of holders(s)	Signature(s) with Stamp
First Signatory		
Second Signatory		
Third Signatory		
Second Holder		
Third Holder		

Type of Account:- (1)	Director, Trustees, HUF Karta, and Member Details:-													
Full Name :-														
Full Address :-														
City					State					Pin code				
Pan Card Number:-														
Mobile Number :-													<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email ID :-												<input type="checkbox"/> Yes <input type="checkbox"/> No		
Telephone Number:-														
Fax Number:-														
Type of Account:- (2)	Director, Trustees, HUF Karta, and Member Details:-													
Full Name :-														
Full Address :-														
City					State					Pin code				
Pan Card Number:-														
Mobile Number :-													<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email ID :-												<input type="checkbox"/> Yes <input type="checkbox"/> No		
Telephone Number:-														
Fax Number:-														

1)

2)

3)

Type of Account:- (3)	Director, Trustees, HUF Karta, and Member Details:-													
Full Name :-														
Full Address :-														
City					State					Pin code				
Pan Card Number:-														
Mobile Number :-													<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email ID :-												<input type="checkbox"/> Yes <input type="checkbox"/> No		
Telephone Number:-														
Fax Number:-														
Type of Account:- (4)	Director, Trustees, HUF Karta, and Member Details:-													
Full Name :-														
Full Address :-														
City					State					Pin code				
Pan Card Number:-														
Mobile Number :-													<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email ID :-												<input type="checkbox"/> Yes <input type="checkbox"/> No		
Telephone Number:-														
Fax Number:-														

1)

2)

3)

To, Marwadi Shares and Finance Limited "Marwadi Financial Plaza"
Nana Mava Main Road, Off. 150 Feet Ring road Rajkot- 360 001.

FORM 11 PART II – ACCOUNT OPENING FORM	<input type="checkbox"/>	NSDL	<input type="checkbox"/>		CDSL
For Non-individuals	DP ID: - NSDL – IN300974, CDSL – 12035100				

(To be filled by the applicant in **BLOCK LETTERS** in English) (Please fill all the details in **CAPITAL LETTERS** only)
I/We request you to open a demat account in my/ our name as per following details:-

(A) Details of Account holder(s)

First Holder's Name		PAN															
		UID															
Second Holder's Name		PAN															
		UID															
Third Holder's Name		PAN															
		UID															

(B) Type of Account (Please tick whichever is applicable)

Status										Sub – Status							
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FII <input type="checkbox"/> FI <input type="checkbox"/> CM <input type="checkbox"/> HUF <input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> LLP <input type="checkbox"/> Rag Co-operative Society Ltd. <input type="checkbox"/> Escrow Demat Account <input type="checkbox"/> Clearing House <input type="checkbox"/> Other (Specify) _____										To be filled by the DP							
SEBI Registration No. (If Applicable)					SEBI Registration date					D	D	M	M	Y	Y	Y	Y
SEBI Registration No. (If Applicable)					SEBI Approval date					D	D	M	M	Y	Y	Y	Y
Nationality					<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____												

(C) *In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account Is opened in he name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.

Name *																			
Pan No																			
Full Address :-																			
City	State					Pin Cod													
										Register Mobile No, Email ID, Telephone No, Fax No. Details								SMS Facility	
Mobile Number :-																		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email ID :-																		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone Number:-																			
Fax Number:-																			

(D) Other Details :-Non- Individual category Account (Corporate, HUF)

Gross Annual Income Details:-	<u>Gross Annual Income Range:-(1)</u>				<u>Gross Annual Income Range:-(2)</u>					
	Below 20 Lacs <input type="checkbox"/>	20 – 50 Lacs <input type="checkbox"/>	Below 1 Lac <input type="checkbox"/>	1 – 5 Lacs <input type="checkbox"/>						
	50 – 100 Lacs <input type="checkbox"/>	More than 1 Crore <input type="checkbox"/>	5 – 10 Lacs <input type="checkbox"/>	10 – 25 Lacs <input type="checkbox"/>						
			25 Lacs – 1 Crore <input type="checkbox"/>	More than 1 Crore <input type="checkbox"/>						
Net worth as on (Date)		D	D	M	M	Y	Y	Y	Y	Rs
[Net worth should not be older than 1 year]										

Please tick If any of the authorized signatories / Promoters / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP) . Please provide details as per Annexure 2.2 A.

Any other information:

(E) In case of FIIs/Others (as may be applicable)

RBI Approval Reference Number	
RBI Approval date	D D M M Y Y Y Y
SEBI Registration Number (for FIIs)	

(F) [Bank Details :-Dividend Bank Details]

Bank Code (9 digit MICR code)										
IFSC Code (11 character)										
Account number										
Account type	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> Others (specify) _____							
Bank Name										
Branch Name										
Bank Branch Address										
City		State		Country	PIN code					

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque Book is issued, (or)
 - (ii) Photocopy of the Bank Statement having name and address of the BO
 - (iii) Photocopy of the Passbook having name and address of the BO, (or)
 - (iv) Letter from the Bank.
- In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned On the document.

(G) Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:-	<input type="checkbox"/> Politically Exposed Person (PEP)
	<input type="checkbox"/> Related to a Politically Exposed Person (PEP)

1)

2)

3)

(H) Clearing Member Details (to be filled up by Clearing Members only)		
1	Name of Stock Exchange	
2	Name of Clearing Corporation/ Clearing House	
3	Clearing Member ID	
4	Trading member ID	
5	SEBI Registration Number	
6	Trade Name	
7	CM-BP-ID (to be filled up by Participant)	
<p>I/We have read the DP-BO agreement (DP-CM agreement for BSE Clearing Member Account) including the schedules thereto and the terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me /us. Above are true and to the best of my/our knowledge as on the date of making this application. I / We further agree that any false/misleading information given by me / us of suppression of any material information will render my account liable for termination and suitable action.</p>		
<p>Mode of Operation for Sole/First Holder (In case of joint holdings, all the holders must sign. In case of HUF this is not applicable)</p>		
<input type="checkbox"/>	Any one singly	
<input type="checkbox"/>	Jointly by	
<input type="checkbox"/>	As per resolution	
<input type="checkbox"/>	Others (please specify)	

Notes:-

1. In case of additional signatures, separate annexure should be attached to the application form.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not Contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. For receiving Statement of Account in electronic form:
 - I. Client must ensure the confidentiality of the password of the email account.
 - II. Client must promptly inform the Participant if the email address has changed.
 - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant May also terminate this facility by giving 10 days prior notice.
4. Strike off whichever is not applicable.

1)

2)

3)

(I) Standing Instructions:-

Type of Account	
Open Full Name :-	
Type of Account:-	Director, Trustees, HUF Karta, Family Member Name:-
First Holder	
Second Holder	
Third Holder	

1.	I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')	[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Account Statement Requirement	<input type="checkbox"/> As per SEBI <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
4.	I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	I / We wish to receive dividend / interest directly in to my bank account given below through ECS (if not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	SMS Alert Facility (Mandatory, if you are giving DDPI)	
<input type="checkbox"/>	Type of A/c Registered Email ID _____	
<input type="checkbox"/>	Type of A/c Registered Mobil NO +91 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="checkbox"/>	1st I hereby declare that above mentioned mobile number and email ID belongs to <input type="checkbox"/> Mo or <input type="checkbox"/> My Spouse <input type="checkbox"/> Dependent child <input type="checkbox"/> Dependent Parent	
<input type="checkbox"/>	1st Holder Email ID _____	
<input type="checkbox"/>	1st Holder Mobile No. +91 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="checkbox"/>	2nd I hereby declare that above mentioned mobile number and email ID belongs to <input type="checkbox"/> Mo or <input type="checkbox"/> My Spouse <input type="checkbox"/> Dependent child <input type="checkbox"/> Dependent Parent	
<input type="checkbox"/>	2nd Holder Email ID _____	
<input type="checkbox"/>	2nd Holder Mobile No. +91 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="checkbox"/>	3rd I hereby declare that above mentioned mobile number and email ID belongs to <input type="checkbox"/> Mo or <input type="checkbox"/> My Spouse <input type="checkbox"/> Dependent child <input type="checkbox"/> Dependent Parent	
<input type="checkbox"/>	3rd Holder Email ID _____	
<input type="checkbox"/>	3rd Holder Mobile No. +91 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
8.	I / We would like to receive the statement of Account Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be 'Electronic')	

1)

2)

3)

To,
Marwadi Shares and Finance Limited,
Marwadi Financial Plaza, Nana Mava Main Road
150 Feet Ring Road,
Rajkot – 360001

Dear Sir / Madam,

Declaration

I/We have opened/applied to open a demat account with you in the name and style of _____ for our HUF.

In this regard, being a Karta of HUF, I hereby declare the details of the family members of the HUF as below; I hereby also declare that the particulars given by me as under are true to the best of my knowledge. I understand and agree that my false/misleading information given by me or suppression of any material information will render my said account liable for termination and further action. Further, I agree that I will immediately intimate any death/s or birth/s in the family as it changes the constitution of the HUF.

We the coparceners / members hereby declare that:

- We **wish to authorize Marwadi Shares And Finance Limited.** as our lawful attorney to operate the demat account for the purposes mentioned in the DDPI Demat Debit and Pledge Instruction Letter duly signed by Karta.
- We **do not wish to authorize Marwadi Shares And Finance Limited** to operate the demat account.
[Strike out whichever is not applicable.]

**(J) List of HUF Family Members, Coparcener Details
List of Director, Trustees, Society Members
(Separate Annexure maybe used in case number of members is higher)**

Sir No.	Name of HUF Family/Member/Coparcener/ Director/Trustees/ Society Members	Gender	Date of Birth	Designation Relation with Karta	Whether Coparcener/ Member (please specify)
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

1)

2)

3)

To,
Marwadi Shares and Finance Limited,
Marwadi Financial Plaza, Nana Mava Main Road,
150 Feet Ring Road, Rajkot – 360001

Declaration

“Rights and Obligations of the Beneficial Owner and Depository Participant”

The rules and regulations of the Depository and Depository Participants pertaining to an account which is in Force now have been read by us and we have understood the same and we agree to abide by and to be bound By the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we undertake to inform you of any Changes therein, immediately. In case any of the above information is found to be false or untrue or misleading Or misrepresenting, we are aware that we may be held liable for it. I/we acknowledge the receipt of copy of the Document,

“Rights and Obligations of the Beneficial Owner and Depository Participant”.

Authorized Signatories

(Enclose a Board Resolution for Authorized Signatories. In case of HUF details of Karta to be given)

Sole/First Holder	Name	Signature(s)
First Signatory /Karta of HUF		X
Second Signatory		X
Third Signatory		X
<u>Other Holders</u>		
Second Holder		X
Third Holder		X

Terms And Conditions-cum-Registration / Modification Form for receiving SMS Alerts from CDSL

[SMS Alerts will be sent by CDSL to BOs for all debits]

Definitions:

In these Terms and Conditions the terms shall have following meaning unless indicated otherwise:

1. "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, P.J. Towers, Dalal Street, Fort, Mumbai 400001 and all its branch offices and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. 'BO' means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
6. "Service Provider" means a cellular service provider(s) with whom the depository has entered / will be entering into an arrangement for providing the SMS alerts to the BO.
7. "Service" means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

Availability:

1. The service will be provided to the BO at his / her request and at the discretion of the depository. The service will be available to those accountholders who have provided their mobile numbers to the depository through their DP. The services may be discontinued for a specific pe riod / indefinite period, with or without issuing any prior notice for the purpose of security reasons or system maintenance or for such other reasons as may be warranted. The depository may also discontinue the service at any time without giving prior notice for any reason whatsoever.
2. The service is currently available to the BOs who are residing in India.
3. The alerts will be provided to the BOs only if they remain within the range of the service provider's service area or within the range forming part of the roaming network of the service provider.
4. In case of joint accounts and non-individual accounts the service will be available, only to one mobile number i.e. to the mobile number as submitted at the time of registration / modification.
5. The BO is responsible for promptly intimating to the depository in the prescribed manner any change in mobile number, or loss of handset, on which the BO wants to receive the alerts from the depository. In case of change in mobile number not intimated to the depository, the SMS alerts will continue to be sent to the last registered mobile phone number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of SMS alerts sent on such mobile number.

Receiving Alerts:

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. **The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at complaints@cdslindia.com. The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.**
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed without proper authorization, the BO should immediately inform the DP in writing.

OPTION FORM FOR ISSUE OF DIS BOOKLET

Date	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---

DP ID										Client ID								
First Holder Name																		
Second Holder Name																		
Third Holder Name																		

To,
Depository Participant Name
Address

Dear Sir / Madam,

I / We hereby state that: [Select one of the options given below]

OPTION 1:

I / We require you to issue Delivery Instruction Slip (DIS) booklet to me / us immediately on opening of my / our CDSL account though I / we have issued a Power of Attorney (POA) / registered for eDIS / executed PMS agreement in favour of / with _____ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such Power of Attorney holder - Clearing Member / by PMS manager/ for executing delivery instructions through eDIS.

Yours faithfully

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			

OR

OPTION 2:

I / We do not require the Delivery Instruction Slip (DIS) booklet for the time being, since I / We have issued a POA/ registered for eDIS / executed PMS agreement in favour of / with _____ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such Power of Attorney Holder - Clearing Member / by PMS manager or for executing delivery instructions through eDIS. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later date.

Yours faithfully

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			

===== (Please Tear Here) =====

Acknowledgement Receipt

Received OPTION FORM FOR ISSUE / NON ISSUE OF DIS BOOKLET from :

DP ID										Client ID								
Name of the Sole / First Holder																		
Name of Second Joint Holder																		
Name of Third Joint Holder																		

Depository Participant Seal and Signature

FIs, FIIs and Corporates - A/c. Category - Non House Beneficiary OR House

Type	Sub Type	Type	Sub Type	
FI	<input type="checkbox"/> Govt. sponsored FI	Mutual Fund	<input type="checkbox"/> DR	
	<input type="checkbox"/> SFC		<input type="checkbox"/> MF	
	<input type="checkbox"/> Others	Trust	<input type="checkbox"/> Employee Stock Option	
	<input type="checkbox"/> Govt. sponsored FI - Promoter		<input type="checkbox"/> Employee Stock Purchase	
	<input type="checkbox"/> SFC-Promoter		<input type="checkbox"/> Stock Appreciation Right	
	<input type="checkbox"/> Others-Promoter		<input type="checkbox"/> General Employee Benefit Scheme	
FII	<input type="checkbox"/> Mauritius Based		<input type="checkbox"/> Retirement Benefit Scheme	
	<input type="checkbox"/> Others		<input type="checkbox"/> Other - Employee Benefit Trust(Old Scheme)	
	<input type="checkbox"/> DR	<input type="checkbox"/> Charitable Institution		
	<input type="checkbox"/>	<input type="checkbox"/> Other		
Body (Corporate)	<input type="checkbox"/> Domestic	Bank	<input type="checkbox"/> Foreign Bank	
	<input type="checkbox"/> OCB-Repatriable		<input type="checkbox"/> Co-operative Bank	
	<input type="checkbox"/> Govt.Companies		<input type="checkbox"/> Nationalised Bank	
	<input type="checkbox"/> Central Government		<input type="checkbox"/> Others	
	<input type="checkbox"/> State Government		<input type="checkbox"/> Others-Promoter	
	<input type="checkbox"/> Co-operative Body		<input type="checkbox"/> Nationalised Bank - Promoter	
	<input type="checkbox"/> NBFC		<input type="checkbox"/> Foreign Bank - Promoter	
	<input type="checkbox"/> Non-NBFC		<input type="checkbox"/> Co-operative Bank - Promoter	
	<input type="checkbox"/> Group Company		<input type="checkbox"/> Foreign Scheduled Commercial Bank	
	<input type="checkbox"/> Foreign Bodies		<input type="checkbox"/> Co-Operative Scheduled Bank	
	<input type="checkbox"/> Others		<input type="checkbox"/> Client collateral account - Custodian	
	<input type="checkbox"/> OCB-NonRepatriable		<input type="checkbox"/> Escrow Account	
	<input type="checkbox"/> OCB-DR	<input type="checkbox"/> Unclaimed Securities - Suspense Escrow Account		
	<input type="checkbox"/> Foreign Bodies - DR	<input type="checkbox"/> Overseas Depository - Underlying DR		
	<input type="checkbox"/> Domestic-Promoter	Foreign Portfolio Investor (Corporate)	<input type="checkbox"/> Category I	
	<input type="checkbox"/> Govt.Companies - Promoter		<input type="checkbox"/> Category II	
	<input type="checkbox"/> Central Government - Promoter		<input type="checkbox"/> Category I - DR	
	<input type="checkbox"/> State Government - Promoter		<input type="checkbox"/> Category II - DR	
	<input type="checkbox"/> NBFC-Promoter		<input type="checkbox"/> Category I - VRR	
	<input type="checkbox"/> Non-NBFC-Promoter	<input type="checkbox"/> Category II - VRR		
	<input type="checkbox"/> Group Company - Promoter	Alternative Investment Fund	<input type="checkbox"/> Category I	
	<input type="checkbox"/> Foreign Body-Promoter		<input type="checkbox"/> Category II	
	<input type="checkbox"/> Others-Promoter		<input type="checkbox"/> Category III	
	<input type="checkbox"/> Co-operative Body - Promoter		<input type="checkbox"/> Corporate Debt Market Development Fund	
	<input type="checkbox"/> Foreign Venture Capital	HUF	<input type="checkbox"/> Aggregate Escrow Demat Account	
	<input type="checkbox"/> Domestic - DR		<input type="checkbox"/> Promoter	
	<input type="checkbox"/> Limited Liability Partnership	QIB	<input type="checkbox"/> Public Financial Inst. Sec.2(72)Companies Act 2013	
	<input type="checkbox"/> Limited Liability Partnership - DR		<input type="checkbox"/> Venture Capital Fund Registered With SEBI	
	<input type="checkbox"/> Limited Liability Partnership - (Foreign)		<input type="checkbox"/> Multilateral Development Financial Institution	
	<input type="checkbox"/> Limited Liability Partnership - (Foreign) - DR		<input type="checkbox"/> Bilateral Development Financial Institution	
	<input type="checkbox"/> Stock Broker - Proprietary		<input type="checkbox"/> State Industrial Development Corporation	
	<input type="checkbox"/> Foreign Government		<input type="checkbox"/> Insurance Company Registered with IRDA	
	<input type="checkbox"/> Overseas Depository - Underlying DR		<input type="checkbox"/> Provident Fund - Corpus Rs.25 crore & more	
	<input type="checkbox"/> Client collateral account - Custodian		<input type="checkbox"/> Pension Fund - Corpus Rs.25 crore & more	
	<input type="checkbox"/> Escrow Account		<input type="checkbox"/> National Investments Fund - Govt.of India	
	<input type="checkbox"/> Unclaimed Securities Suspense Escrow Account		<input type="checkbox"/> Insurance Funds - Armed Forces - Govt.of India	
	<input type="checkbox"/> Asset Reconstruction Companies		<input type="checkbox"/> Insurance Funds - Department of Post India	
	<input type="checkbox"/> University		<input type="checkbox"/> Systemically Important NBFCs	
	PCM	<input type="checkbox"/> CM-Cleint Securities Margin Pledge Account	Stock Broker	<input type="checkbox"/> TM-Client Securities Margin Pledgee Account
		<input type="checkbox"/>		<input type="checkbox"/> CM-Client Securities Margin Pledgee Account
		<input type="checkbox"/>		<input type="checkbox"/> TM/CM-Client Securities Margin Pledgee Account
		<input type="checkbox"/>		<input type="checkbox"/> TM-Client Securities Under Margin Funding Account
<input type="checkbox"/>		<input type="checkbox"/> TM-Client Unpaid Securities Pledgee Account.		
<input type="checkbox"/>		<input type="checkbox"/> CM-Client Unpaid Securities Pledgee Account.		
<input type="checkbox"/>		<input type="checkbox"/> TM-CM-Client Unpaid Securities Pledgee Account.		
<input type="checkbox"/>		<input type="checkbox"/> TM-Client Nodal MFOS Account		
<input type="checkbox"/>		<input type="checkbox"/> TM-CM Client Nodal MFOS Account		
<input type="checkbox"/>		<input type="checkbox"/>		

List of two digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State/U.T	Code	State/U.T	Code	State/U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chhattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarkhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GO	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Island	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Island	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Moyotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SI
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NZ	Taiwan province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire Code d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion Reunion	RE	Virgin Island, U.S.	VI
Croatia	HR	Korea, Republic	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao Curacao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy Saint Barthelemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French Part)	MF		



MARWADI SHARES AND FINANCE LTD.

MARWADI

FINANCIAL SERVICES

CORP. OFFICE "MARWADI FINANCIAL PLAZA" NANA MAVA MAIN ROAD. OFF. 150 FEET RING ROAD, RAJKOT- 360 001.

Ph. 0281 7174 000 / 0281 - 6192 000. A SCHEDULE OF CHARGES FOR CLIENT - SCHEDULE A

Regd. Off.: Office No.1, MCX Office, 17th Floor, Unit No. 1 & 2, GIFT ONE Tower, S.C. Road, Zone-5, GIFT CITY, Gandhinagar-382355 Gujarat

REGULAR SCHEME

PARTICULAR	99/MSFL PREMIER	M2 MSFL CLASSIC	O2 MSFL ADVANTAGE
Annual Maintenance Charges	N/A	250/-	400/-
One Time Maintenance Charges	999/-	N/A	N/A.
Auto Pay in - POA Per Instruction	10/-	10/-	10/-
Mkt. MSFL (Physical) - Per Instruction	20/-	20/-	15/-
Off market/ inter depository/ other then MSFL / MSFL DP - CM - Per Instruction	25/- OR 0.01% of Mkt. Value (Whichever is higher)	25/- OR 0.01% Of Mkt. Value (Whichever is higher)	20/- OR 0.01% Of Mkt. Value (Whichever is higher)
Pledge Creation - Per Instruction	50/-	50/-	40/-
Pledge Closer - per Instruction	20/-	20/-	20/-
Pledge Invocation - Per Instruction	25/-	25/-	25/-
Demat (Rs.per certi.)	3/-	3/-	3/-
Remat (Rs.per certi.)	25/-(+Depository Actual)	25/- (+Depository Actual)	25/-(+Depository Actual)
Margin Pledge Creation, Unpledged, Invocation per instruction by POA	20/-	20/-	20/-
Trade Failed / Rejection Charges (per DIS.)	10/-	10/-	10/-
Cheque Dishonour Charges (Per Instance)	100/-	100/-	100/-
Stationary Charges (per DIS)	2/-	2/-	2/-

LIFE TIME REFUNDABLE SCHEMES

PARTICULAR	ML MSFL REFERED	OL MSFL ELITE
Deposit + Onetime Maintenance Charges	₹ 2250/- + ₹ 250/-	₹ 3600/- + ₹ 400/-

NOTES :

- The client availing auto pay-in facility has to provide POA in favour of MSFL and POA charge Rs. 31.80 (Including service charges) to be paid by the client.
- Additional statement of holding / transactions printing other than regular printing will be available @ Rs.5.00 per page (Min. Rs.10.00).
- All the charges are payable upfront. The yearly interest @ 18% for NSDL & 15% for CDSL Demat account will be charged on monthly basis on outstanding amount.
- The modification request as well as request per client master will be charged @ Rs.25/- .
- DRF postal charges will be charged @ Rs.30/- per DRF & DRF Rejection will be charged @ Rs.35/- per DRF.
- Goods and Services tax (GST) is levied on the service as per Government norms.
- Market / Off Market Sale per instruction Rs.11/- for Speed-e / Easiest clients irrespective of Scheme & actual charges given by vender / depository.
- Auto Pay-in trade charges will be debited to Broking / Demat A/c.
- Charges/service standards are subject to revision at sole discretion of MSFL with 30 days prior notice to clients. And as informed by communication sent by ordinary post/E-mail / SMS / Display on web site.
- Charges quoted above are for the services listed. Any service not quoted above will be charged separately.
- If client fails to provide DIS in 365 days, Demat A/c. Will turn into Dermat status and debit charge of Rs.100/ for 99 Scheme only.
- Margin Pledge Erroneous transfer reversal charges Rs.100/- applicable only for CDSL clients

I/We have read and understood the schedule of charges prescribed above and agree to abide by same.

I/We like to join the scheme (M2, O2, ML, OL, 99)		Mobile No : _____	
Beneficiary A/c No.			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
NAME			
SIGN.	<input checked="" type="checkbox"/> FIRST HOLDER	<input checked="" type="checkbox"/> SECOND HOLDER	<input checked="" type="checkbox"/> THIRD HOLDER



To,
Marwadi Shares and Finance Limited
 Marwadi Shares and Finance Limited,
 Marwadi Financial Plaza, 150 Feet Ring Road,
 Rajkot – 360001

From,

Client Name																					
Client Code																					

Demat A/c No

Demat Debit and Pledge Instruction

Sr. No.	Purpose	Signature(s) B01	Signature(s) B02	Signature(s) B03
1	Transfer of securities held in the beneficial owner accounts of the client towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by clients on the Stock Exchange through the same stock broker.	C ^{11.1} First Holder Sign	C ^{11.2} Second Holder Sign	C ^{11.3} Third Holder Sign
2	Pledging / re-pledging of securities in favour of trading member (TM) / clearing member (CM) for the purpose of meeting margin requirements of the clients in connection with the trades executed by the clients on the Stock Exchange.	C ^{12.1} First Holder Sign	C ^{12.2} Second Holder Sign	C ^{12.3} Third Holder Sign
3	Mutual Fund transactions being executed on Stock Exchange order entry platforms.	C ^{13.1} First Holder Sign	C ^{13.2} Second Holder Sign	C ^{13.3} Third Holder Sign
4	Tendering shares in open offers through Stock Exchange platforms.	C ^{14.1} First Holder Sign	C ^{14.2} Second Holder Sign	C ^{14.3} Third Holder Sign

Particulars of Pool Account Nos. of MSFL

NSE CASH NSE SLB	CM BP ID : IN555383 – 10000893 and 12035100-00000091 (CM ID : M50838) EPI A/C : 1100001100019631 CM BP ID : IN555383		
Client Unpaid Securities Pledge A/c. (CUSPA)	IN300974-13411826 (For NSDL) 12035100 00495064 (For CDSL)		
BSE CASH BSE SLB	CM BP ID : IN609100 – 10417755 and 12035100-00000163 (CM ID-910) EPI A/C : 1100001100014825 CM BP ID : IN609100		
NSE MF CM BP ID	For NSDL-IN565576		For CDSL-M50838
BSE MF CM BP ID	For NSDL-IN620031		For CDSL-1100001000020972

Particulars of Margin Pledge Account Nos. of MSFL

TM/CM Client Securities Margin Pledge A/c.	IN300974-12814553 , 12035100 00373953
Client Securities Margin Funding A/c.	IN300974-12816362, 12035100 00374334

The demat account details given above and any other beneficial account/s in the name of MSFL maintained/required to be maintained in future for this purposes and/or clearing House, Clearing Corporation or the respective stock Exchange or any other account as may be deemed fit by MSFL in respect of transaction/order in the securities through MSFL in any segment of any recognized Stock Exchange.

Corporate Office: Marwadi Financial Plaza, Nana Mava Main Road, Off 150 ft Ring Road, Rajkot-360 001, Gujarat

Regd. Office: X–Change Plaza, Office No. 1201 to 1205, 12th Floor, Building No.-53E, Zone – 5, Road 5E, Gift City, Gandhinagar - 382355, Gujarat.

SEBI Reg. No.: INZ000174730 | **Membership No.:** NSE: 08760, BSE: 0910, MCX: 56410, NCDEX: 01280 | **IN-DP-476-2020** (NSDL DP ID: IN300974) (CDSL DP ID: 12035100) | **RESEARCH ANALYST:** INH000002186 | **AMFI:** ARN-42506 | **PFRDA:** POP22112015 | **CIN of MSFL:** U65910GJ1992PLC017544

Hereby declare that the mentioned HUF ahs following family members as co-parceners.

Sr. No.	Name of Members	Male/Female	Date of Birth	Relationship with Karta	Signatures

Non Individual Demat Account opening Requirement proof List			
Body Corporate, Banks, Trust, CM, HUF, LLP Registered Co operative Society, Registered Sahkariy Mandliy			
Sr.No.		Sr.No.	(Requirement Proof List)
1)	Private Ltd., Public Ltd., Body Corporate, Bank / institutional Investors,Limited Company, (Demat account)	1) 2) 3) 4) 5) 6) 7) 8) 9) 10) 11) 12)	<ul style="list-style-type: none"> 1) Affix Passport Size 2- Color Photograph of all Authorized Directors 2) fill in the Demat A/c Soft copy printed Non Individual part II Form No-11 NSDL -CDSL full KYC Forms Directors signature and stamp 3) Trading A/c fill in the Regular full KYC Company Full Name and Director signature with Company stamp 4) Company Non-Individual CKYC form, Non Individual FATCA-CRS Declaration fill up 5) Company Pan Card, Address Proof, Bank Statement with MICR and IFSC code on Authorized Directors Self Attested 6) Authorized all Directors - Pan Card, Address Proof – (Aadhar card, Voter id, Driving license, Pass port - Any one) 7) Board Resolution Demat -Trading Account Separate Opening and Operating On Company Letter head 8) Share Holding Pattern Printed on Company Letter Head Authorized Directors Attested copy 9) Memorandum of Association & Article of Association with Authorized Directors Attested copy 10) Company Directors List, Specimen Signature List, DIN Number on Company Letter head Directors Attested copy 11) Last 2 Years IT Return, Full Audited Accounts Authorized Directors Attested copy 12) If Changes in Directors, Roc Form No- 32/ Form DIR-12 is Required with list of Old Directors & Change of New Directors
2)	Government Registered Trust (Demat Account)	1) 2) 3) 4) 5) 6) 7) 8) 9) 10) 11) 12) 13)	<ul style="list-style-type: none"> 1) Affix Passport Size 2- Color Photograph of Authorized all Trustees 2) fill in the Demat A/c Soft copy printed Non individual part II Form No -11NSDL-CDSL full KYC Forms T rustees signatureTrust stamp 3) Trading A/c fill in the Regular full KYC Trust Full Name and Trustees signature with Trust stamp 4) Non-Individual CKYC, FATCA–CRS form, All Details fill up with Trustee signature and Trust stamp 5) PAN card, and Address Proof in the name of Trust – Bank statement Address with last 3 month Entry 6) PAN card and Address proof in the name of all trustees – (Aadhar card, Voter id, Driving license, Pass port - Any one) 7) Board Resolution Demat -Trading Account Separate Opening and Operating OnTrust Letter head 8) Registration Certificate Trustee signature and Trust stamp 9) Registered Trust Share holding pattern printed on Trust Letter head 10) Registered Trust Authorized signatories list with specimen signatures on Trust Letter Had 11) Last 2 Years Audited account IT Return with annual Reports certified by Trustee with Registered Trust Stamp 12) Registered Trust Deed by Legal Notary certified true copy of the Trustee Signature with Stamp 13) In case of Change of Trustee in Government Form Required with Old Trustee & Change of New Trustee
3)	(A) HUF (Demat Account)	1) 2) 3) 4) 5) 6) 7) 8) 9) 10) 11) 12) 13)	<ul style="list-style-type: none"> 1) NSDL & CDSL HUF Non individual soft copy printed Demat form fill up HUF Karta all Signatures HUF Stamp Required 2) Trading Account Regular full KYC Individual form fill up KYC all page HUF Stamp with Karta signature Required 3) Passport Size Color Photograph of all Members (major category) to be affixed on Non – Individual CKYC 4) HUF Deed Notarized copy with Karta self attested Required 5) HUF In Trading Account FATCA – CRS Declaration for Non Individual HUF all detail with signature and HUF stamp 6) UBO (Ultimate Beneficial Ownership) HUF stamp and KARTA signature required 7) HUF Pan Card Karta self attested copy and One Passport Size Color Photograph of Karta required 8) HUF Bank Proof full Name Bank statement / pass book Last 3 Month Entry with Karta self attested copy 9) HUF Bank Proof full Name Bank statement / pass book Last 3 Month Entry with Karta self attested copy 10) Individual Pan Card of Karta self attested copy and Family Member individual pan card self attested copy 11) Individual Address Proof of Karta and all Family Member– Aadhar card,Driving License,Voter id,Pass port (Any one) 12) HUF all Family member bank proof with micr and ifsc code self attested copy required (In cash of Commodity Segment) 13) HUF Demat and Trading Form In Nominee Not Valid so KYC Page no 10 Nominee form not fill up
3)	(B) In cash of HUF Karta Cheng Important Details HUF (Demat Account)	1) 2) 3) 4) 5) 6) 7) 8)	<ul style="list-style-type: none"> 1) In Demat Form 40 Request for Change of Name of Karta Required 2) In Demat Account opening form Part II Form 11 For Non Individuals Required 3) HUF In Trading Account FATCA – CRS Declaration for Non Individual HUF all detail with signature and HUF stamp required 4) Death Certificate of Karta is enclosed (Original / Notarized / attested by gazette officer) Required 5) HUF Legal Old Deed and HUF Legal New Deed Notarized copy with Karta self attested Required 6) HUF New Karta CKYC Pan Card and Address proof self attested copy Required 7) HUF All family Member Pan Card and Address proof - Aadhar card, Driving License, Voter id, pass port (Any one) 8) Non-Individual CKYC HUF Name with Karta photograph all Family member photograph with signature all Detail fill up

Non Individual Demat Account opening Requirement proof List			
Body Corporate, Banks, Trust, CM, HUF, LLP Registered Co operative Society, Registered Sahkariy Mandliy			
Sr.No.		Sr.No.	(Requirement Proof List)
4)	NSE, BSE and MCX-SX Company Clearing Members CM (Demat Account)	1)	Affix Passport Size Color Photograph of all Authorized Directors
		2)	fill in the Demat A/c Soft copy printed Non individual part II Form No11 NSDL -CDSL Directors signature with Company stamp
		3)	Trading A/c fill in the Regular full KYC Company Full Name and Director signature with Company stamp
		4)	Non Individual CKYC form Company name with all Authorized Directors detail fill up
		5)	CC-CM / TM ID Certificate from Clearing Corporation
		6)	Company Pan Card and SEBI registration certificate Director self attested
		7)	Company Address Proof, Bank Statement Address with Last entry and MICR and IFSC code on Directors Self Attested
		8)	Directors Pan Card, Address proof – Aadhar card, Driving License, Voter id, Pass port (any one) Self Attested
		9)	Company Shareholding Pattern on Company Letter head Director signature with Company stamp
		10)	Memorandum of Association & Article of Association with Authorized Directors Self Attested
		11)	Board Resolution of Demat and Trading Account Separate Opening and Operating On Company Letter head
		12)	Company Authorized Directors Specimen Signature List with DIN Number on Company Letter head
		13)	Company 2 Years IT Return Audited Accounts with Authorized Directors Self Attested
		14)	If Changes in Directors, Roc Form No-32/Form DIR-12 is with list of Old Directors & Change of New Directors required
		15)	If CM Account opening in Undertaking required on Company letter had
		16)	If NSE CM Account open in Operation of Depository for NSE Clearing Letter Company Letter head required
		17)	If BSE CM Account open on CDSL Demat account, Agreement with DP-CM as specified by CDSL required
5)	Limited Liability Partnership (LLP Demat Account)	1)	fill in the Demat A/c Soft copy printed Non individual part II Form No11 NSDL-CDSL Authorized partners signature with LLP stamp
		2)	Trading A/c fill in the Regular full KYC LLP Full Name and Authorized Designated partners signature with LLP stamp
		3)	Affix Passport Size 2- Color Photograph of All Authorized Designate Partners
		4)	LLP Non-Individual CKYC form, Non Individual FATCA-CRS Declaration Authorized Designated partners signature with LLP stamp
		5)	LLP Pan card, Address proof - Bank statement with MICR and IFSC Designated partners signature with LLP stamp Required
		6)	Pan card, Address proof all Partners self attested–(Aadhar card, Voter id card, Driving License, Pass port - any one)
		7)	Authorized LLP Partners Bank proof – Statement / Pass book with MICR and IFSC Printed copy (in Commodity segment)
		8)	Board Resolution Demat and Trading Account Separate Opening and Operating On LLP Letter had
		9)	All Designated Partners Full name and DIN number with Specimen Signatures List On LLP Letter had
		10)	Share Holding Pattern Printed on LLP Letter Head Partners Signature with LLP Stamp Required
		11)	Certificate of Incorporation on LLP full name with Partners self Attested copy
		12)	Legal Notarized LLP Agreement with Registration Certificate of the LLP Designated Partner self attested Copy
		13)	Last 2 years Full Audited Account IT Return and Annual Reports of the LLP Designated Partner self attested Copy
6)	Private Ltd., Public Ltd.,Body Corporate, Limited Company,Bank, (Escrow Demat Account)	1)	fill in the Demat A/c Soft copy printed Non Individual part II Form No-11 NSDL -CDSL full KYC Forms Directors signature and stamp
		2)	Affix Passport Size 2-Color Photograph Authorized all Directors Non Individual Demat & CKYC Form
		3)	Company/Bank Share Holding Pattern Printed on Company/Bank Letter Head
		4)	Company/Bank Board Resolution of Demat and Trading Account separate Opening and Operating with Company/Bank Letter head
		5)	Company/Bank Memorandum Article & Association with Authorized Directors Self Attested
		6)	Company/Bank Directors Specimen Signature List with DIN Number on Company/Bank Letter head Copy
		7)	Company/Bank List of Directors Signature with Company/Bank stamp required on Letter head Copy
		8)	Company/Bank Pan Card,Address Proof,Bank Proof with MICR and IFCS copy Directors Self Attested
		9)	Company/Bank Directors Pan Card,Bank Proof with MICR and IFSC code printed Proof
		10)	Company/Bank Directors Address proof-Aadhar,Voter id,Full Pass port,Driving License (any one)
		11)	Company/Bank Last 2 Years Audited A/c and Last 2 Years IT Return with Directors Self Attested
		12)	Non Individual FATCA–CRS Declaration all detail fill up with Authorized Directors signature stamp
		13)	If Changes in Directors Roc Form No- 32/Form DIR-12 with list of Old & Change of New Directors
		14)	If Company/Bank Old existing MSFL Demat account in Annexure 1 Declaration on Company letter head
		15)	If Company / Bank New Demat account opening with Annexure 2 Declaration on Company letter head

Non Individual Demat Account opening Requirement proof List			
Body Corporate, Banks, Trust, CM, HUF, LLP Registered Co operative Society, Registered Sahkari Mandli			
Sr.No.		Sr.No.	(Requirement Proof List)
7)	Registered Co-operative Society Ltd., Registered Sahkari Mandli Ltd., (Demat Account)	1) 2) 3) 4) 5) 6) 7) 8) 9) 10) 11) 12) 13) 14)	<ul style="list-style-type: none"> 1) Affix Passport Size 2-Color Photograph of all Authorized Members 2) Demat A/c Non Individual form full KYC NSDL and CDSL Soft copy printed form fill up Members Signature & stamp 3) Trading A/c Open Regular full KYC form with Non-Individual CKYC fill up Members Signature & stamp 4) Non Individual FATCA-CRS Declaration Co-operative Society Ltd. Members details Signature stamp 5) Co-operative Society Pan Card, Bank Proof – Bank statement MICR and IFSC printed Members self attested 6) all Members Pan Card,- Address Proof – (Aadhar Card, Voter id, Driving Licenses, Pass port - any one) self attested 7) Authorized Members Bank proof – Statement / Pass book with MICR and IFSC Printed copy (in Commodity segment) 8) Registered Co-operative Society Ltd. Registration Certificate under Societies Registration Act. Members Self Attested 9) Share Holding Pattern Printed on Registered Cooperative Society Ltd. Letter Head 10) Registered Co-operative Society Ltd. Last 2 Years Audited Accounts with IT Return Members Self Attested 11) Demat & Trading separate Authority Letter in favour of Managing Member(s) on Co-operative Society letter head 12) Demat & Trading separate Registered Co-operative Society Committee Resolution on Co-operative Society Letter had 13) Co-operative Society Ltd. Registered did True copy of Society Rules and Bye Laws certified by the Chairman/Secretary 14) Co-operative Society Ltd. Committee Members Name With Specimen Signatures List of on Letter head
8)	Opening Demat Account in Cash of Name cheng, Signature cheng, Director cheng, Etc,	1) 2) 3) 4) 5) 6) 7) 8) 9) 10) 11) 12)	<ul style="list-style-type: none"> 1) chang of signature Demat form required with new Director signature with company stamp 2) Affix Passport Size 2- Color Photograph of all Authorized Directors 3) fill in the Demat A/c Soft copy printed Non Individual part II Form No-11 NSDL -CDSL Directors signature and stamp 4) Company Non-Individual CKYC form, Non Individual FATCA-CRS Declaration fill up 5) Company Pan Card, Address Proof, Bank Statement with MICR and IFSC code on Authorized Directors Self Attested 6) Authorized all Directors - Pan Card, Address Proof – (Aadhar card, Voter id, Driving license, Pass port - Any one) 7) Board Resolution Demat -Trading Account Separate Opening and Operating On Company Letter head 8) Share Holding Pattern Printed on Company Letter Head Authorized Directors Attested copy 9) Memorandum of Association & Article of Association with Authorized Directors Attested copy 10) Company Directors List, Specimen Signature List, DIN Number on Company Letter head Directors Attested copy 11) Last 2 Years IT Return, Full Audited Accounts Authorized Directors Attested copy 12) If Changes in Directors, Roc Form No- 32/ Form DIR-12 is Required with list of Old Directors & Change of New Directors
9)	Opening Demat Account in Limited Liability Partnership Chang of Designated partners and signature, Chang of LLP name, Etc,	1) 2) 3) 4) 5) 6) 7) 8) 9) 10) 11) 12) 13)	<ul style="list-style-type: none"> 1) chang of signature Demat form required with new Director signature with company stamp 2) fill in the Demat A/c Non individual part II Form No11 NSDL-CDSL Authorized partners signature with LLP stamp 3) Affix Passport Size 2- Color Photograph of All Authorized Designate Partners 4) LLP Non-Individual CKYC form, Non Individual FATCA-CRS Declaration Authorized Designated partners signature with LLP stamp 5) LLP Pan card, Address proof - Bank statement with MICR and IFSC Designated partners signature with LLP stamp Required 6) Pan card, Address proof all Partners self attested–(Aadhar card, Voter id card, Driving License, Pass port - any one) 7) Authorized LLP Partners Bank proof – Statement / Pass book with MICR and IFSC Printed copy (in Commodity segment) 8) Board Resolution Demat and Trading Account Separate Opening and Operating On LLP Letter had 9) All Designated Partners Full name and DIN number with Specimen Signatures List On LLP Letter had 10) Share Holding Pattern Printed on LLP Letter Head Partners Signature with LLP Stamp Required 11) Certificate of Incorporation on LLP full name with Partners self Attested copy 12) Legal Notarized LLP Agreement with Registration Certificate of the LLP Designated Partner self attested Copy 13) Last 2 years Full Audited Account IT Return and Annual Reports of the LLP Designated Partner self attested Copy



MARWADI

FINANCIAL SERVICES

Marwadi Shares and Finance Limited

Registered office: No. 1, MCX Office, 17th Floor, Unit No. 1 & 2, GIFT ONE Tower, S. C. Road, Zone- 5, GIFT CITY, Gandhinagar-382355 Gujarat.

Head Office: 'Marwadi Financial Plaza', Nana Mava Main Road, Rajkot-360 001

+91-281-6192000/ 7174000

+91-281-2331145

inquiry@marwadionline.in

www.marwadionline.com

SEBI Reg. No. of MSFL for NSE, BSE, MCX, NCDEX & ICEX : INZ000174730

Membership No.: NSE:08760, BSE:0910, MCX:56410, NCDEX:1280, ICEX:2083

SEBI Regn.No. of DP : IN-DP-476-2020 (NSDL DPID:IN300974) (CDSL DPID:12035100)

Research Analyst: INH 000002186 | Merchant Banker: INM000012235

CIN: U65910GJ1992PLC017544 | **AMFI:** ARN-42506 | **PFRDA:** POP22112015



Visit our website

